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## Partnerships for Community Resilience: Perspectives from the Los Angeles County Community Disaster Resilience Project

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### Introduction

Community partnerships are critical to public health practice in general,<sup>1</sup> and in particular to local health department programs to improve emergency preparedness and community resilience.<sup>2</sup> Greater integration of organizations can build trust and increase participation in emergency preparedness activities that increase knowledge and contribute to enhanced preparedness and recovery plans.<sup>3</sup> By creating well-functioning partnerships across organizations, health departments can also pool together a diverse set of resources to enhance their preparation for, response to, and recovery from a disaster or emergency.<sup>3,4</sup> To facilitate building such relationships, the Centers for Disease Control and Prevention (CDC) identified 11 community sectors with which local health departments may consider developing partnerships. These sectors include businesses, community leadership, cultural and faith-based groups and organizations, emergency management, health care, social services, housing and sheltering, media, mental/behavioral health, organizations serving the interests of at-risk populations such as older persons, and education and childcare.<sup>2</sup>

In 2011, the Los Angeles County Department of Public Health created the Los Angeles County Community Disaster Resilience initiative to develop strategies and enhance partnerships towards building community resilience.<sup>5–7</sup> One goal of this project was to support the department in strengthening partnerships with non-governmental organizations,

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not simply between the Emergency Preparedness and Response Program that administers the initiative, but also with other department divisions to enhance their integration into community resilience development. To capture the baseline for our work, a cross-sectional survey was administered to a sample of Los Angeles County Department of Public Health staff in 2012. The survey included questions about partnerships with other organizations. The goal of this paper is to describe partnership activities conducted by the Los Angeles County Department of Public Health and the types of organizations that have partnerships with the department. In addition, this paper investigates perceived barriers to partnerships.

The survey was administered to Los Angeles County Department of Public Health staff from October, 2012 to December, 2012. Potential respondents included a sample of various levels of staff within each program in the department that included representation from program directors or managers, analysts, and administrative staff. The sample was also selected proportional to the size of the program so there was greater representation from the three largest programs: Acute Communicable Disease Control, Community Health Services, and the Emergency Preparedness and Response Program. Potential respondents were invited to participate via email and were asked to fill out the survey online (LimeSurvey<sup>8</sup>). Three reminder emails were sent to respondents over the survey period. The survey was administered by collaborators at the RAND Corporation.

The survey included several categories of questions, including respondents' programs within the department, roles within the programs, challenges in building partnerships, current partnerships, and activities conducted with partners. The survey instrument was pilot tested with five Los Angeles County Department of Public Health respondents to assess readability and flow and to determine if the questions were interpreted as intended.

A total of 262 invitations were sent out and 89 responses received for a response rate of 34.0%. The two largest groups of respondents were program directors and public health nurses, each constituting 22.5% of all respondents. Other respondents included program managers (15.7%), executive administrators (12.4%), physicians (12.4%), health educators (6.7%), analysts/planners (6.7%), administrators (3.4%), and epidemiologists (1.1%). The three largest programs (Acute Communicable Disease Control, Community Health Services, and Emergency Preparedness and Response) accounted for approximately 53% of all respondents.

## Challenges in Developing Partnerships

The leading challenge identified by participants for developing partnerships was lack of training on how to engage community partners (22.5%, Table). Fewer respondents identified the following as challenges: community-based organizations and faith-based organizations do not have the capacity (14.6%), limited or no interest among health department staff (13.5%), maintaining relationships is too much work (12.4%), lack of support from superiors (11.2%), limited or no interest in the community (10.1%), and community partnerships do not align with program priorities (10.1%). Very few respondents felt that community- and faith-based organizations did not trust their health department (4.5%).

## Partnership Sectors and Activities

Health department staff reported engaging all of CDC's 11 sectors (Table). A high proportion of staff (68.8%) reported engaging with non-governmental organizations. Overall, 66.7% of participants indicated partnerships with health care organizations, 43.4% with education and child care organizations, 39.1% with housing and sheltering organizations, 39.1% with cultural and faith-based organizations, 36.2% with mental/behavioral health providers, 36.2% with community leadership, 29.0% with emergency management organizations, 18.8% with aging focused organizations, 18.8% with other social service organizations, 17.4% with businesses, and 14.5% with media (Table).

To assess the depth of integration of partnerships into their program, participants were queried about activities they conducted with community partners on a day-to-day basis. Overall, 63.8% reported providing education on public health issues, 63.8% reported maintaining ongoing communication with partners, 50.7% reported conducting outreach to vulnerable populations, 36.2% reported establishing mechanisms for community input, 27.5% reported securing funding with partners, and 24.6% reported conducting community needs assessment (Table).

The results provide insight into the types of community organizations with ongoing partnerships with the Los Angeles County Department of Public Health and the type of partnership activities conducted by the health department. The department has partnerships with organizations from all 11 CDC sectors, demonstrating that it can engage diverse members of the community. However, most partnerships were with health care organizations and less with other sectors. The leading barrier identified was lack of training on how to engage community partners. In a national study of linkages between public health and community emergency preparedness initiatives, barriers to linkages included staff limitations and time restraints.<sup>9</sup> The Los Angeles County Department of Public Health may strengthen and increase its partnerships with community organizations by providing training to staff such as best practices in building partnerships. Training can also promote the importance of strong partnerships across diverse organizations in improving community health and organizing emergency plans.

One limitation of our study was the low response rate of 34.0%, which may influence our results through nonresponse bias. However, the usual response rates of Los Angeles County Department of Public Health staff surveys are low around 30%. In addition, our response rate was consistent with that of many other web-based surveys.<sup>10</sup> It is possible that survey administration by an outside organization (RAND Corporation) may have contributed to the low response rate even though health department staff promoted the survey through discussion at department meetings. For instance, one public health staff member expressed that we did not engage enough with the employees to get their participation. Although respondents were sent three email reminders, additional promotion at more staff meetings and by health department executive leadership may have helped to improve the response rate. In addition, concerns about anonymity and confidentiality of responses to some questions, such as that referring to lack of support from superiors, may have deterred respondents from completing the survey.

There are several other limitations to this study. This survey describes partnerships of a health department of a large county, and the results may be more generalizable to health departments of other large metropolitan areas than to smaller localities. However, the Los Angeles County area is diverse and contains urban, rural, and suburban populations, and the partnership questions asked in this survey are relevant to building community resilience in all communities. The survey also did not query the quality or strength of existing partnerships between the health department and community partners. Future surveys and studies will be necessary to assess the quality of existing partnerships to identify opportunities to bolster these partnerships. In addition, survey responses were based on self-report, which is subjective. Finally, this study only queried health department staff and did not survey community partners. Community partners can provide invaluable insight about their barriers and experiences in building partnerships with health departments.

In summary, this paper describes a snapshot of the partnership activities of the Los Angeles County Department of Public Health one year into the resilience building initiative. The health department has existing partnerships with diverse community partners that represent all 11 community sectors, although partnerships with the health care sector were most prevalent. The health department also participates in a wide range of partnership activities. Lack of training in engaging community partners was identified as a leading barrier to partnerships. Through department-wide partnership training, staff may learn how to integrate partnership building into their daily work to strengthen and improve diverse partnerships. Together, these demonstrate great potential for the health department to leverage and strengthen existing partnerships for risk communication, community disaster recovery, and community resilience building.

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**Highlight**

- We describe partnership activities conducted by a large U.S. local health department.
- The health department has existing partnerships with diverse community sectors.
- Partnerships with the health care sector were most prevalent.
- The leading partnership barrier was lack of training on engaging community partners.
- Existing partnerships can be leveraged and strengthened to build community resilience.

**Table**

Survey responses to perceived challenges in partnerships, partnerships sectors represented, and partnership activities conducted by Los Angeles County Department of Public Health staff in 2012.

	<b>Total</b>
<b>Challenges in Partnerships</b>	
N	89
Lack of training to engage community partners	20 (22.5%)
Lack of support from superiors	10 (11.2%)
Limited or no interest (LACDPH staff)	12 (13.5%)
Limited or no interest (community)	9 (10.1%)
Does not align with program priority	9 (10.1%)
Community- and faith-based organizations do not trust us	4 (4.5%)
Community- and faith-based organizations do not have the capacity	13 (14.6%)
Maintaining relationships is too much work	11 (12.4%)
<b>Partnerships Sectors</b>	
N	69
Health care organizations	46 (66.7%)
Mental/behavioral health providers	25 (36.2%)
Housing and sheltering providers	27 (39.1%)
Aging focused organizations	13 (18.8%)
Education and child care centers	30 (43.5%)
Other social services	13 (18.8%)
Cultural- and faith-based organizations	27 (39.1%)
Emergency management organizations	20 (29.0%)
Community leadership	25 (36.2%)
Businesses	12 (17.4%)
Media	10 (14.5%)
<b>Partnership Activities</b>	
N	69
Provide education	44 (63.8%)
Outreach to vulnerable populations	35 (50.7%)
Conduct community needs assessment	17 (24.6%)
Maintain ongoing communication	44 (63.8%)
Secure funding together	19 (27.5%)
Establish mechanisms for community input	25 (36.2%)

Data reported as n (%).